

**PRIVATE PROCESS SERVER PROGRAM
PROPOSAL FOR COURSE ACCREDITATION**

Please Type or Print in Ink

Faculty (Individual Name or Names) _____
(Attach Information on Qualifications of Faculty)

Course Title _____

Date and Time of Presentation _____

Location _____

Proposed Audience _____

Actual Instructional Hours (Proposed CE Hours) _____

Course Content _____

Objectives _____

Evaluation Method _____

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OUTLINE FOR PRESENTATION	TIME ALLOCATION	METHOD OF PRESENTATION

The sponsor agrees to assume responsibility for verifying attendance of the participants, will provide a certificate of attendance for each participant who successfully completes the activity, and will provide any additional information requested to assist the Administrative Office of the Courts in evaluating this proposal.

Signature of Faculty Member

Date

Address

Phone

Fax

SUBMIT THIS FORM, WITH COURSE MATERIALS TO:

Private Process Server Program
Administrative Office of the Courts, Certification and Licensing Division
1501 West Washington, Suite 104
Phoenix, AZ 85007

Approval: Administrative Office of the Courts:

Date